

New Jersey Department of Health and Senior Services  
**DEAD-ILL BIRD REPORT/LAB SUBMISSION FORM**  
West Nile Virus Surveillance 2002

Health Department Name: \_\_\_\_\_ County: \_\_\_\_\_

Health Officer: \_\_\_\_\_ Telephone: \_\_\_\_\_

**CALLER INFORMATION:** Date call received \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of call \_\_\_\_\_

Person reporting bird (first & last name) \_\_\_\_\_

Address \_\_\_\_\_  
Street No. Street Name City Zip Township

**BIRD SPECIFICS:**

Date Bird Observed \_\_\_\_/\_\_\_\_/\_\_\_\_ Individual who picked up bird: \_\_\_\_\_

Is address same as caller's? YES NO If No, enter complete address below:

Specific Location of Dead/Ill Bird: (If address unknown, give cross streets, e.g. Elm St./Oak Rd.)

Street Address City Zip Township

**PLEASE ANSWER ALL QUESTIONS**

A – Type (circle one): CROW AMERICAN KESTREL

E – Is it 12” or longer from tail to beak? YES NO

B – Is bird intact? YES NO

F - Has the bird been dead less than 24 hrs? YES NO

C – Date of Pickup/Date Reported \_\_\_\_/\_\_\_\_/\_\_\_\_

G – Was the bird submitted for testing? YES NO

If Yes: Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

D – Is the bird entirely black including feathers, eyes, beak, and legs? YES NO

Please fax this form to the West Nile Virus Program at 609-588-2546.

If you have any questions, please call 609-588-3121

Place bird into a one-gallon, clear, plastic bag with an “Easy Close Slider/Zipper.” Place this completed form facing outward into a separate clear, plastic zip lock bag. Do **NOT** fold or cover this form. Firmly secure the two (2) bags to each other with staples. **NOTE:** Keep birds refrigerated. **DO NOT FREEZE**

If specimen is not submitted in the proper bags with completed paperwork, testing will **NOT** be performed

**VIROLOGY LABORATORY ADDRESS:** NJ Department of Health & Senior Services, Virology Laboratory, Specimen Receiving & Distribution Unit, Health and Agriculture Building, Warren and Market Streets, Trenton, NJ 08625-0361.

**FOR LABORATORY USE ONLY**

Accession Number \_\_\_\_\_ Final Result \_\_\_\_\_

Fish Crow (<33mm) \_\_\_\_\_ Crow Species (31-33mm) \_\_\_\_\_ American Crow (≥34mm) \_\_\_\_\_

Date Harvested \_\_\_\_\_ Date Tested \_\_\_\_\_ Date Data Entered \_\_\_\_\_

TaqMan \_\_\_\_\_ Tissue Culture \_\_\_\_\_ IFA \_\_\_\_\_

Comments: \_\_\_\_\_

